AMENDMI	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						
	Independent		Minus	***	=		
	Total	•	Minus	**	=		
ENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT .EXTRA		
		(Column 1)		(Column 2)	(Column 3)		

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
I	X\$ 9=		OR	X\$18=		
	X39=		OR	X78=		
	+130=		OR	+260=		
ADDIT, FEE OR ADDIT, FEE						

FORM PTO-875 (Rev. 12/99)

Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

*U.S. GPO: 2000-463-433/29014